

Rec'd 10/521086 19 SEP 2005

PTO/SB/01 (08-03)  
Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	Attorney Docket Number	16450US01		
	First Named Inventor	David A. Horsnell		
	COMPLETE IF KNOWN			
	Application Number	10/521,686		
	Filing Date	01/18/2005		
	Art Unit			
<input type="checkbox"/> Declaration Submitted With Initial Filing	OR	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Printing Device and Method Using Valve Control

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) July 11, 2003 as United States Application Number or PCT International

Application Number PCT/GB2003/003026 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0217248.4	Great Britain	July 25, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 4]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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10/521686 PTO/SB/01 (08-03)

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# DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number 23446 OR ☐ Correspondence address below

Name  
Kirk A. Vander Leest  
McAndrews, Held & Malloy

Address  
500 West Madison Street, Suite 3400

City State ZIP  
Chicago IL 60661

Country Telephone Fax  
USA 312-775-8000 312-775-8100

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name David Andrew Family Name or Surname HORSNELL

Inventor's Signature [Signature] Date 12/7/05

Residence: City State Country Citizenship  
Cambridge Gby United Kingdom Great Britain

Mailing Address  
3 Perne Road

City State Zip Country  
Cambridge CB1 3RX United Kingdom

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name Matthew Brian Family Name or Surname TOMLIN

Inventor's Signature [Signature] Date 8/7/05

Residence: City State Country Citizenship  
Cambridge Gby United Kingdom Great Britain

Mailing Address  
4 Lingholme Close

City State Zip Country  
Cambridge CB4 3HW United Kingdom

☒ Additional inventors or a legal representative are being named on the two supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

Rec'd PCT/PTO  
10/521686

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PTO/SB/02A (08-03)

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# DECLARATION

## ADDITIONAL INVENTOR(S)

### Supplemental Sheet

Page 3 of 4

Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
Ammar				LECHEHEB	
Inventor's Signature <i>Lecheheb</i>				Date 12-07-05	
Residence: City	Cambridge	State	GB	Country	United Kingdom
Citizenship	Great Britain				
Mailing Address 3 The Paddock					
Mailing Address Harston					
City	Cambridge	State		Zip	CB2 4PR
Country	United Kingdom				
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
Oliver John				PRIME	
Inventor's Signature <i>Oliver John</i>				Date 8/7/2005	
Residence: City	Cambridge	State	GB	Country	United Kingdom
Citizenship	Great Britain				
Mailing Address 5 Lingholme Close					
Mailing Address					
City	Cambridge	State		Zip	CB4 3HW
Country	United Kingdom				
Name of Additional Inventor, if any				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])				Family Name or Surname	
Michael James				FOX	
Inventor's Signature <i>Michael James</i>				Date 13/07/05	
Residence: City	Rutland	State	GB	Country	United Kingdom
Citizenship	Great Britain				
Mailing Address Silverstones, Church Lane					
Mailing Address Seaton					
City	Rutland	State		Zip	LE15 9HR
Country	United Kingdom				

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b>
Page 4 of 4	

<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Christopher Michael			BATES		
Inventor's Signature <i>Col Bates</i>			Date 24/8/05		
Residence: City	Kettering	State	GB	Country	United Kingdom
Citizenship Great Britain					
Mailing Address Boughton Spinney					
Mailing Address					
City	Kettering	State		ZIP	Northants NN16 9JP
				Country	United Kingdom
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature			Date		
Residence: City		State		Country	
Citizenship					
Mailing Address					
Mailing Address					
City		State		Zip	
				Country	
<b>Name of Additional Inventor, if any</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname		
Inventor's Signature			Date		
Residence: City		State		Country	
Citizenship					
Mailing Address					
Mailing Address					
City		State		Zip	
				Country	

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19 SEP 2005

PTO/SB/81 (06-04)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/521,686
Filing Date	January 18, 2005
First Named Inventor	David A. Horsnell
Title	Printing Device and Method Using Valve Control
Art Unit	
Examiner Name	
Attorney Docket Number	16450US01

I hereby appoint:

☒ Practitioners associated with the Customer  
Number:

23446

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number

OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	2/18/05
Name	Christopher M. Bates	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of six form is submitted.

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Attorney Docket Number	16450US01

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OR

<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City	State	ZIP		
Country				
Telephone	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>David A. Horsnell</i>	Date	12/7/05
Name	David A. Horsnell	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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First Named Inventor	David A. Horsnell
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Attorney Docket Number	16450US01

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<input type="checkbox"/> Firm or Individual Name				
Address				
Address				
City		State		ZIP
Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	1/18/05
Name	Michael J. Fox	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of six form is submitted.

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PTO/SB/81 (06-04)

2005

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and  
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Application Number	10/521,686
Filing Date	January 18, 2005
First Named Inventor	David A. Horsnell
Title	Printing Device and Method Using Valve Control
Art Unit	
Examiner Name	
Attorney Docket Number	16450US01

I hereby appoint:

☒ Practitioners associated with the Customer  
Number:

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OR

☐ Practitioner(s) named below:

Name	Registration Number

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Address					
Address					
City		State		ZIP	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Ammar Lecheheb</i>	Date	12-07-05
Name	Ammar Lecheheb	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of six form is submitted.

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	<b>10/521,686</b>
	<b>Filing Date</b>	January 18, 2005
	<b>First Named Inventor</b>	David A. Horsnell
	<b>Title</b>	Printing Device and Method Using Valve Control
	<b>Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	16450US01

I hereby appoint:

☒ Practitioners associated with the Customer Number: 23446

OR

☐ Practitioner(s) named below:

Name	Registration Number

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OR

☐ The address associated with Customer Number:  

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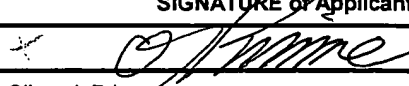
<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone		Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

<b>SIGNATURE of Applicant or Assignee of Record</b>			
Signature		Date	8/7/2005
Name	Oliver J. Prime	Telephone	
Title and Company			

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PTO/88/81 (04-05)

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**POWER OF ATTORNEY  
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Application Number	10/521,686
Filing Date	January 18, 2005
First Named Inventor	David A. Horsnell
Title	Printing Device and Method Using
Art Unit	
Examiner Name	
Attorney Docket Number	16450US01

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23448

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

Name

Matthew B. Yomlin

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of six forms are submitted.

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